

REQUEST FOR DEATH CERTIFICATE

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7. Requests without proper identification will not be processed. Please complete ALL items below as required pursuant to IC 16-37-1-10 (a).

You **MUST** include or present the following with completed application:

Money Order for payment (personal checks not accepted)

Copy of your ID such as driver's license or State ID

Self addressed, stamped envelope (if you want death certificate mailed to you)

1. Full name of person on certificate: _____
2. Date of death: _____
3. Place of death: _____, _____, _____
City County State
4. Your relationship to person named on certificate: _____
5. Your complete mailing address: _____

6. Phone number: _____ Email: _____
7. Purpose for which certificate is requested: _____
8. Number of certificates requested: _____ (\$15.00 each for first certificate, \$10.00 each additional certificate.)

Warrick County Health Department
107 W. Locust St. Suite 204
Boonville, IN 47601

Telephone: 812-897-6105
Ext. 1 or 6